

2004

Open Enrollment

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www.pebb.hca.wa.gov

For Your Medical And Dental Coverage

From **October 20** to **November 30, 2003**, you can:

- Change your medical plan,
- Change your dental plan, and
- Add eligible dependents to your coverage.

These changes will be effective **January 1, 2004**.



**Washington State
Health Care Authority**
Public Employees Benefits Board

How to Use This Booklet

Important! If you **don't want to change** medical or dental plans, and your medical plan is still available to you in 2004, **you don't need to do anything!** You will automatically continue with the same plans, and your family's coverage will stay the same.

Things to remember

- All eligible family members must be covered by the same medical and/or dental plan. However, each family member may have a different doctor or other health care provider.
- If you have a specific doctor you want to stay with, you must contact your chosen medical plan to verify that (s)he will contract with that plan to serve PEBB members in 2004.
- Even if your doctor, dentist, or health care facility discontinues participation in your plan, you may not change plans until the next open enrollment period.

Medical plan information

Step 1:

Read "Changes to Your 2004 Coverage."

Step 2:

Go to "Plans Available by County" and find the county *you live in* to see the medical plans available to you.

Step 3:

Review the "2004 Monthly Employee Premiums" to find out how much the plans cost.

Please note: School district and employer group employees (who work for a city, county, port, water district, hospital, etc.) need to contact their payroll or personnel office to find out their monthly premiums.

Step 4 (optional):

If you are interested in waiving medical coverage or if you have waived medical coverage in the past, read "Waiving or Enrolling in Medical Coverage."

Step 5:

Review "How the Medical Plans Work" and "Medical Benefits Comparison." You can find out about:

- The different types of medical plans and how they work.
- PEBB benefits for each different plan type.

Dental plan information

Step 6:

Go to "How the Dental Plans Work" to find out how the different types of dental plans work and where dental clinics are located.

Step 7:

Review the "Dental Benefits Comparison."

Want to know more about your medical and dental plan choices?

Step 8:

Pick up plan-specific materials and talk to plan representatives by attending a benefits fair.

Step 9:

Have questions? See "Contact the Plans."

Making changes to your coverage

Step 10:

There are two ways to make changes to your coverage—you can do it online at www.pebb.hca.wa.gov using e-Coverage or complete and return the enclosed *2004 Medical and Dental Coverage* form to your agency payroll office. You must complete the form if you are adding a family member to your coverage.

The deadline to make your changes is **November 30, 2003.**

Step 11:

If you change plans, expect a letter in the mail confirming your plan change(s). **Keep that letter!**

Effective January 1, 2004, when you receive medical services or pick up a prescription drug from your pharmacy, the letter may serve as your temporary I.D. card until you receive your new card(s) from your plan(s).

Please note: The Uniform Dental Plan does not issue I.D. cards.



All changes are effective January 1, 2004.

Changes to Your 2004 Coverage

Plan availability

To find out if your medical plan is still available to you in 2004, be sure to review “Plans Available by County.” If your medical plan is no longer available where you live, you **need to select a different plan.** Otherwise, you’ll automatically be enrolled in the Uniform Medical Plan Preferred Provider Organization (UMP PPO).

Plan changes

Community Health Plan of Washington will accept new enrollment in 2004.

Premera Blue Cross/Foundation will no longer be available.

UMP Neighborhood is a new pilot product offered by UMP to Public Employees Benefits Board (PEBB) members who live in King, Pierce, and Snohomish counties, and can enroll online using e-Coverage at www.pebb.hca.wa.gov. UMP Neighborhood benefits are similar to those of the UMP PPO. However, to receive the highest benefit level, members must receive care through a more limited provider network called a care system. **Enrollment is limited, and is only available during open enrollment using e-Coverage.** Other enrollment limitations may apply. For more information, contact the plan.

New medical plan premiums

Medical plan premiums have changed. Please see the “2004 Monthly Employee Premiums” section. *School district and employer group employees* need to contact their payroll or personnel office to find their monthly premiums.

Benefit changes

Medical plans

The lifetime maximum plan payment (the total amount paid out by a PEBB medical plan for a covered enrollee) will increase from \$1 million to \$2 million in 2004.

Dental plan

Regence BlueShield Columbia Dental Plan will provide reduced copayments for dental-related antibiotic prescription drugs and reduced-price dental implants for enrollees who meet certain criteria. Both benefits are only available when received at designated facilities. Contact the plan for more details.

Life insurance changes

Monthly costs for Part B Supplemental Spouse, Part C Optional, and Part D Supplemental life insurance will change in 2004. The non-smoker rates will slightly decrease and some smoker rates will increase. You can review the rates online at www.pebb.hca.wa.gov.

You may find the Public Employees Benefits Board’s existing laws in chapter 41.05 of the Revised Code of Washington (RCW), and rules in chapters 182-08 and 182-12 of the Washington Administrative Code (WAC). These are available on the Office of the Code Reviser’s Web site at slc.leg.wa.gov or by calling 360-786-6777 (RCWs) or 360-786-6698 (WACs).

Plans Available by County

Washington

Adams

- Community Health Plan of Washington
- Uniform Medical Plan PPO

Asotin

- Uniform Medical Plan PPO

Benton

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Chelan

- Community Health Plan of Washington
- Uniform Medical Plan PPO

Clallam

- RegenceCare
- Uniform Medical Plan PPO

Clark

- Kaiser Foundation Health Plan of the Northwest
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Columbia

- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Cowlitz

- Community Health Plan of Washington
- Kaiser Foundation Health Plan of the Northwest
- Uniform Medical Plan PPO

Douglas

- Community Health Plan of Washington
- Uniform Medical Plan PPO

Ferry

- Community Health Plan of Washington
- Uniform Medical Plan PPO

Franklin

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Garfield

- Uniform Medical Plan PPO

Grant

- Community Health Plan of Washington
- Uniform Medical Plan PPO

Grays Harbor

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Codes 98541, 98557, 98559, and 98568)
- Group Health Options, Inc. (ZIP Codes 98541, 98557, 98559, and 98568)
- PacifiCare of Washington, Inc. (ZIP Codes 98541 and 98557)
- RegenceCare
- Uniform Medical Plan PPO

Island

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Jefferson

- RegenceCare
- Uniform Medical Plan PPO

King

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- PacifiCare of Washington, Inc.
- RegenceCare
- Uniform Medical Plan PPO
- UMP Neighborhood

Kitsap

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Kittitas

- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Klickitat

- Community Health Plan of Washington
- Uniform Medical Plan PPO

Lewis

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 98591, 98593, and 98596)
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Lincoln

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Codes 99008, 99029, 99032, and 99122)
- Group Health Options, Inc. (ZIP Codes 99008, 99029, 99032, and 99122)
- Uniform Medical Plan PPO

In most cases, you must live in the plan’s service area to join the plan. Be sure to call the plan(s) you’re interested in to ask about provider availability in your county.

Mason

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- PacifiCare of Washington, Inc. (ZIP Code 98584)
- RegenceCare
- Uniform Medical Plan PPO

Okanogan

- Community Health Plan of Washington
- Uniform Medical Plan PPO

Pacific

- RegenceCare
- Uniform Medical Plan PPO

Pend Oreille

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Code 99009)
- Group Health Options, Inc. (ZIP Code 99009)
- Uniform Medical Plan PPO

Pierce

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- PacifiCare of Washington, Inc.
- RegenceCare
- Uniform Medical Plan PPO
- UMP Neighborhood

San Juan

- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Skagit

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- RegenceCare
- Uniform Medical Plan PPO

Skamania

- Community Health Plan of Washington
- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 98639 and 98648)
- Uniform Medical Plan PPO

Snohomish

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- PacifiCare of Washington, Inc.
- RegenceCare
- Uniform Medical Plan PPO
- UMP Neighborhood

Spokane

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Stevens

- Community Health Plan of Washington
- Group Health Cooperative (ZIP Codes 99006, 99013, 99026, 99034, 99040, 99110, 99148, and 99173)
- Group Health Options, Inc. (ZIP Codes 99006, 99013, 99026, 99034, 99040, 99110, 99148, and 99173)
- Uniform Medical Plan PPO

Thurston

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Wahkiakum

- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 98612 and 98647)
- Uniform Medical Plan PPO

Walla Walla

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Whatcom

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Whitman

- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Yakima

- Community Health Plan of Washington
- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Oregon

Benton

- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 97330, 97331, 97333, 97339, and 97370)
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Clackamas

- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 97004, 97009, 97011, 97013, 97015, 97017, 97022-23, 97027, 97034-36, 97038, 97042, 97045, 97049, 97055, 97067-68, 97070, 97222, 97267, and 97268)
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Columbia

- Kaiser Foundation Health Plan of the Northwest
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Hood River

- Kaiser Foundation Health Plan of the Northwest (ZIP Code 97014)
- Uniform Medical Plan PPO

Lane

- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Linn

- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 97321–22, 97335, 97355, 97358, 97360, 97374, and 97389)
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Marion

- Kaiser Foundation Health Plan of the Northwest (ZIP Codes 97002, 97020, 97026, 97032, 97071, 97137, 97301-03, 97305-14, 97325, 97342, 97346, 97352, 97359, 97362, 97373, 97375, 97381, 97383-85, and 97392)
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Multnomah

- Kaiser Foundation Health Plan of the Northwest
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Polk

- Kaiser Foundation Health Plan of the Northwest
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Umatilla

- Group Health Cooperative (ZIP Codes 97810, 97813, 97835, 97862, 97882, and 97886)
- Group Health Options, Inc. (ZIP Codes 97810, 97813, 97835, 97862, 97882, and 97886)
- Uniform Medical Plan PPO

Washington

- Kaiser Foundation Health Plan of the Northwest
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Yamhill

- Kaiser Foundation Health Plan of the Northwest
- PacifiCare of Washington, Inc.
- Uniform Medical Plan PPO

Idaho

Benewah

- Uniform Medical Plan PPO

Bonner

- Uniform Medical Plan PPO

Kootenai

- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Latah

- Group Health Cooperative
- Group Health Options, Inc.
- Uniform Medical Plan PPO

Nez Perce

- Uniform Medical Plan PPO

Shoshone

- Uniform Medical Plan PPO

2004 Monthly Employee Premiums

PEBB Medical Plans	Employee	Employee & Spouse*	Employee & Child(ren)	Employee, Spouse,* & Child(ren)
Community Health Plan of Washington	\$ 41	\$ 92	\$ 72	\$123
Group Health Cooperative	43	96	75	128
Group Health Options, Inc.	61	132	106	177
Kaiser Foundation Health Plan of the Northwest	32	75	56	99
PacifiCare of Washington, Inc.	80	170	140	230
RegenceCare	81	172	142	232
Uniform Medical Plan PPO	29	68	51	90
UMP Neighborhood	19	49	34	63

*or qualified same-sex domestic partner

Please note: School district and employer group employees (who work for a city, county, port, water district, hospital, etc.) need to contact their payroll or personnel office to find out their monthly premiums.

Waiving or Enrolling in Medical Coverage

Waiving

You can waive medical coverage for yourself and your eligible family members if you have other similar medical coverage. To do so, go to e-Coverage at **www.pebb.hca.wa.gov** or complete the *Medical and Dental Coverage* form found in the back of this booklet. Keep in mind that

if you waive coverage for yourself, medical coverage will also be waived for all eligible family members. You cannot waive dental coverage for yourself, but you may waive dental coverage for family members if they have other similar dental coverage.

Enrolling

If you previously waived coverage, you may enroll during the open enrollment period without proof of previous coverage. If you try to enroll at any other time, you must show proof that you had continuous, similar coverage, and you must enroll within 31 days of losing that previous coverage.

Contact
Us @

www.pebb.hca.wa.gov

Benefits Fairs Schedule

Attend a benefits fair in your area to find more information on PEBB health plans.

Maps to the benefits fairs are also available online at www.pebb.hca.wa.gov.

Bellingham

November 6, 2003

10 a.m. – 3 p.m.

Western Washington University
Fairhaven Administration Lounge
516 High Street

Cheney

November 7, 2003

10 a.m. – 3 p.m.

Eastern Washington University
Louise Anderson Hall
Elm Street
First Floor Lounge

Ellensburg

October 29, 2003

10 a.m. – 3 p.m.

Central Washington University
408 E. 8th Street
SUB Pit

Everett

November 10, 2003

10 a.m. – 3 p.m.

Everett Community College
Jackson Center
2000 Tower Street

Lacey

November 18, 2003

10 a.m. – 3 p.m.

St. Martin's College
Worthington Conference Center
5300 Pacific Avenue SE

Olympia

November 5, 2003

10 a.m. – 3 p.m.

Dept. of Transportation Building
310 Maple Park
Lobby

Pasco

November 3, 2003

10 a.m. – 3 p.m.

Columbia Basin College
Student Services Building
2600 N. 20th Avenue
Byron Gjerde Center

Port Angeles

November 4, 2003

10 a.m. – 3 p.m.

Peninsula College
1502 E. Lauridsen Boulevard
Room A12

Pullman

November 5, 2003

10 a.m. – 3 p.m.

Washington State University
French Administration Bldg.
Stadium Way & Wilson Road

Seattle

October 28, 2003

10 a.m. – 4 p.m.

University of Washington
Harborview Medical Center
Research and Training Bldg.
325 Ninth Avenue
First Floor

October 29, 2003

10 a.m. – 4 p.m.

University of Washington
Medical Center & Health
Sciences Lobbies
1959 NE Pacific

October 30, 2003

10 a.m. – 4 p.m.

University of Washington
Student Union Building (HUB)
Stevens Way
West Ballroom

November 12, 2003

10 a.m. – 3 p.m.

South Seattle Community College
Jerry Brockey Auditorium Room A
6000 16th Avenue SW

Spokane

November 6, 2003

10 a.m. – 3 p.m.

Spokane Falls Community College
Student Union Building #17
3410 W. Fort George Wright Dr.
Lougnes B & C

Tacoma

November 14, 2003

10 a.m. – 3 p.m.

Tacoma Community College
Student Center Bldg. 11
6501 South 19th Street

Vancouver

October 31, 2003

10 a.m. – 3 p.m.

Clark College
Gaiser Hall-Central Concourse
1800 East McLoughlin Boulevard

Walla Walla

November 4, 2003

10 a.m. – 3 p.m.

Walla Walla Community College
500 Tausick Way
Conference Center 185 A, B, & C

Wenatchee

October 28, 2003

10 a.m. – 3 p.m.

Wenatchee Valley College
1300 5th Street
Campus Theatre

Yakima

October 30, 2003

9 a.m. – 2 p.m.

Yakima Doubletree
1507 North First Street
Wapato/Naches Rooms

To obtain this publication in another format (such as Braille or audio) or to request special accommodations, call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805.

TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.

How the Medical Plans Work

The medical plans may differ in terms of their cost, type of providers and facilities, referral practices, and guidelines. While the plans have a basic level of benefits, some plans offer additional benefits or lower copays at no additional cost.

Please note: Services provided by plan-designated *alternative care providers* will be covered if the service they provide is within the scope of their license, covered by the PEBB benefit plan, and approved by your medical plan. Please check with the medical plans for information about coverage for a specific service.

There are four types of medical plans—here’s how they work.

1 **Standard managed-care plans**

In this type of plan, you must see providers in your plan’s network and receive most of your services through, or be referred by, a primary care provider (PCP). Nonemergency services outside the service area, or services not rendered by or referred by your PCP, are not covered. Most services require a \$10 copayment at the time of service, and there is no annual deductible to satisfy.

Urgent or emergency care is covered even if you receive services outside of Washington.

Important notice!

If your doctor leaves the plan before the next open enrollment, you are **not allowed** to change plans. Please keep this in mind when choosing a medical plan.

2 **Extended network managed-care plan**

This type of plan has network and extended-network benefits. If you self-refer to a provider in the extended network rather than being referred by your PCP, the plan will still pay benefits, but at a lower level than if you followed the standard managed-care network guidelines and referral process.

Some extended-network benefits require payment of an annual deductible and copayment and/or coinsurance before the plan pays benefits. Then reimbursement is usually between 60 and 70 percent of allowed charges. Some benefits are not covered under the extended network. *Contact the plan for specific extended-network benefits.*

Urgent or emergency care is covered even if you receive services outside of Washington.

3 **Preferred provider organization (PPO)**

The Uniform Medical Plan Preferred Provider Organization (UMP PPO) is a freedom-of-choice plan that allows you to self-refer to any approved provider type in most cases, but provides a higher reimbursement if the provider contracts with UMP’s extensive provider network. Most services are subject to an annual deductible. UMP PPO provides worldwide coverage for routine and emergency care. Contact the plan for more details.

4 **Limited-network pilot product**

UMP Neighborhood benefits are similar to those of the UMP PPO. However, to receive the highest benefit level, members must receive care from a limited provider network called a care system. Out-of-state coverage is available for urgent conditions and medical emergencies only. Contact the plan for more details.

The health plan comparisons in this guide are based on information believed accurate and current, but be sure to confirm information before making decisions.

Some benefits described in this booklet are based on state laws.

We have attempted to describe them accurately, but if there are differences, the laws will govern.

Medical Benefits Comparison

The following table briefly compares the network benefits for in-state services by the Uniform Medical Plan Preferred Provider Organization UMP Neighborhood, and in-network benefits for PEBB managed-care plans. Call the plans directly for more information on specific benefits.

Benefits for:	Annual deductible	Annual out-of-pocket maximum	Office, clinic, & hospital visits	Ambulance (air)	Ambulance (ground)	Chemical dependency services (inpatient)	Chemical dependency services (outpatient)	Diabetic education	Diagnostic testing
Standard managed-care plans: <i>Community Health Plan of Washington</i> <i>Group Health Cooperative</i> <i>Kaiser Foundation Health Plan of the Northwest</i> <i>PacifiCare of Washington, Inc.</i> <i>RegenceCare</i> Extended network managed-care plan (only in-network benefits described): <i>Group Health Options, Inc.</i> Please note: Some extended network benefits are subject to an annual deductible. Please contact the extended network plan for details.	None	\$750 per person/ \$1,500 per family for network benefits	\$10 copay per office/clinic visit; hospital visits covered in full	\$100 copay per trip Exception: <i>Kaiser Permanente</i> , \$75 copay per trip	\$75 copay per trip	Subject to inpatient hospital services copay; maximum plan payment of \$11,841 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment Exceptions: <i>PacifiCare</i> and <i>RegenceCare</i> have a \$12,000 maximum plan payment	Subject to office visit copay; maximum plan payment of \$11,841 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment Exceptions: <i>PacifiCare</i> and <i>RegenceCare</i> have a \$12,000 maximum plan payment	\$10 copay per visit	100%
Preferred provider organization: <i>Uniform Medical Plan PPO</i> Limited-network pilot product: <i>UMP Neighborhood*</i> * Not available to all members Please note: For services provided out-of-network and outside of Washington, please refer to the certificate of coverage or call the plan for details.	Medical/surgical services: \$200 per person/\$600 per family (three or more people) Pre-prescription drug (retail and mail service): \$100 per person/\$300 per family (three or more people)	Medical/surgical services: \$1,125 per person/\$2,250 per family (does not apply to prescription drugs, non-network provider services, and other expenses as defined in the certificate of coverage)	90% reimbursement	80% of allowed charges reimbursement	80% of allowed charges reimbursement	Subject to inpatient hospital services copay; maximum plan payment of \$11,841 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment	90% reimbursement; maximum plan payment of \$11,841 per 24 consecutive calendar month period for any combination of inpatient/outpatient treatment	90% reimbursement	90% reimbursement

(UMP PPO) and
s or exclusions.

Durable medical equipment, supplies, and prostheses	Emergency room services	Hearing (examination & hardware)	Home health care	Hospice care (including respite care)	Inpatient hospital services	Mental health care (inpatient)	Mental health care (outpatient)	Neurodevelopmental therapies (inpatient) age 6 and under	Neurodevelopmental therapies (outpatient) age 6 and under
80% of allowed charges	\$75 copay per visit; emergency room copay waived if admitted to hospital inpatient status	Examination: Subject to office visit copay Hardware: \$300 maximum plan payment every 36 consecutive months for hearing aid and rental/repair when authorized	100%	100% for terminally ill enrollees	\$200 copay per day to \$600 maximum copay per person per calendar year	\$200 copay per day to \$600 maximum copay per person per calendar year; plan payment limit up to 10 days per year. (For more information, contact the plans.)	\$10 copay per office/clinic visit, up to 20 visits per year	Subject to inpatient hospital services copay to 60 days per year	Subject to office visit copay to 60 visits per year for all therapies combined
90% reimbursement; pre-authorization required for equipment rentals beyond three months or purchases more than \$1,000	\$75 copay per visit, then reimbursed at 90%; copay waived if admitted to hospital inpatient status	90% reimbursement up to \$400 every 36 months for exams, hearing aid, and rental/repair combined	90% reimbursement	If pre-approved by plan, 100% reimbursement; \$5,000 lifetime maximum for respite care	\$200 copay per day to \$600 maximum copay per person per year	\$200 copay per day to \$600 maximum copay per person per calendar year; plan payment limit up to 10 days per year	90% reimbursement per office/clinic visit, up to 20 visits per year (mental health counselors must be network providers)	Subject to inpatient hospital services copay to 60 days per year	90% reimbursement to 60 visits per year for all therapies combined

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Benefits for:	Obstetric and well-newborn care (inpatient)	Obstetric and well-newborn care (professional services)	Organ transplants	Outpatient surgery, ambulatory surgery centers	Physical, occupational, speech, & massage therapy (inpatient)	Physical, occupational, speech, & massage therapy (outpatient)
Standard managed-care plans: <i>Community Health Plan of Washington</i> <i>Group Health Cooperative</i> <i>Kaiser Foundation Health Plan of the Northwest</i> <i>PacifiCare of Washington, Inc.</i> <i>RegenceCare</i>	Subject to inpatient hospital services copay for mother only	100%	Facility: Subject to inpatient hospital services copay Professional services: 100% Bone marrow donor searches covered in full up to 15 searches per person per transplant	\$100 copay for facility fees per surgery or procedure (includes short-stay obstetrical services); surgeon, anesthesiologist, etc., paid in full	Subject to inpatient hospital services copay to 60 days per year	Subject to office visit copay to 60 visits per year for all therapies combined
Extended network managed-care plan (only in-network benefits described): <i>Group Health Options, Inc.</i>						
Please note: Some extended network benefits are subject to an annual deductible. Please contact the extended network plan for details.						
Preferred provider organization: <i>Uniform Medical Plan PPO</i> Limited-network pilot product: <i>UMP Neighborhood*</i> * Not available to all members	Subject to inpatient hospital services copay for mother only	90% reimbursement	Hospital inpatient: Subject to inpatient hospital services copay; preauthorization required Professional services: 90% reimbursement; pre-authorization required Bone marrow donor searches reimbursed at 90% up to 15 searches per person per transplant	90% reimbursement	Subject to inpatient hospital services copay to 60 days per calendar year; preauthorization required	90% reimbursement, up to a total of 60 visits per calendar year for all therapies combined (also includes massage therapy; massage therapists must be network providers)
Please note: For services provided out-of-network and outside of Washington, please refer to the certificate of coverage or call the plan for details.						

Prescription drugs, insulin, and disposable diabetic supplies	Preventive care	Radiation and chemotherapy services	Skilled nursing facility care	Spinal manipulations (self-referred)	Temporo-mandibular joint (TMJ) disorder	Vision (examination)	Vision (hardware)	Well-baby care
<p>Retail (up to a month's supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$10 copay; formulary brand-name, \$25 copay; non-formulary, \$40 copay</p> <p>Mail order (up to 90-day supply): Formulary generic, all insulin, and all disposable diabetic supplies, \$20 copay; formulary brand-name, \$50 copay; non-formulary, \$80 copay</p> <p>Exceptions: <i>Group Health Cooperative</i> and <i>Group Health Options</i> have only \$10 and \$30 copays for retail, and \$20 and \$40 copays for mail order. <i>Kaiser Permanente</i> has only \$10 and \$25 copays for retail, and \$20 and \$50 copays for mail order.</p>	100% subject to plan schedule	100%	Subject to inpatient hospital services copay; limited to 150 days per year, except if in lieu of hospitalization	50% up to \$250 maximum per year	Inpatient and outpatient surgical treatment paid at 50% to \$1,000 maximum plan payment per year; orthognathic surgery not covered	Subject to office visit copay; one exam every 24 consecutive months	\$50 maximum plan payment once every 24 consecutive months	100% subject to plan schedule
<p>Up to 90-day supply (subject to prescription drug deductible)</p> <p>Retail: Tier 1 (generic, all insulin, and all disposable diabetic supplies), 80% reimbursement*; Tier 2 (preferred brand), 70% reimbursement*; Tier 3 (non-preferred brand), 50% reimbursement</p> <p><i>*Tier 1 and 2 drugs purchased through a network retail pharmacy have a maximum enrollee cost share of \$50 (up to a 30-day supply), \$100 (31- to 60-day supply), and \$150 (61- to 90-day supply)</i></p> <p>Mail order: Tier 1, \$10 copay; Tier 2, \$40 copay; Tier 3, \$80 copay</p>	100% subject to plan schedule (not subject to medical/surgical deductible)	90% reimbursement	Subject to inpatient hospital services copay; limited to 150 days per calendar year, except if in lieu of hospitalization	90% reimbursement to 10 visits per year	Surgical treatment covered same as any other condition; 90% reimbursement when preauthorized; orthognathic surgery not covered	90% reimbursement once every two calendar years (not subject to medical/surgical deductible)	\$100 maximum plan payment every two calendar years for frames, lenses, contacts, and fitting fees combined (not subject to medical/surgical deductible)	100% subject to plan schedule (not subject to medical/surgical deductible)

How the Dental Plans Work

You have three dental plans to choose from:

Preferred Provider Organization (PPO)

- The **Uniform Dental Plan (UDP)**, administered by Washington Dental Service (WDS), allows you the freedom to choose any dentist, but provides a higher reimbursement if your dentist contracts with WDS. The UDP *offers services in every county of Washington State*. Outside of Washington, services are reimbursed at a higher level than for services provided by non-PPO dentists in Washington.

Managed-Care Plans

- **DeltaCare**, administered by WDS, requires selection of one of their network dentists when you enroll. **You must verify your dentist contracts with DeltaCare as WDS administers several types of dental plans, each with its own provider network.** This is important, as you could be responsible for costs if you receive care from a provider who is not in the DeltaCare network. *Providers are located in Arlington*, Auburn, Bellevue, Bremerton, Burien, Edmonds*, Ellensburg, Everett, Federal Way, Kent, Kirkland, Lynnwood, Mill Creek, Mukilteo, Olympia, Puyallup, Redmond*, Renton, Seattle, Shelton, Spokane, Tacoma, Tukwila, Tumwater, Vancouver, Wenatchee, Yakima, and Portland (Oregon).*

**Not accepting new patients*

- **Regence BlueShield Columbia Dental Plan**, with services provided by Willamette Dental Group (WDG), requires that you receive care from WDG dentists. Their *clinics are located in* Bellevue, Bellingham, Everett, Federal Way, Kent, Kirkland, Lakewood, Lynnwood, Northgate, Olympia, Puyallup, Richland, Seattle, Silverdale, Spokane, Tacoma, Tri-Cities (Kennewick), Tumwater, Vancouver, and Yakima.

Please note: Since dentist and clinic participation with the dental plans can change, please contact the dental plans to verify dentists and clinic locations.

Is a managed-care dental plan right for you?

The table on the following page briefly compares the features of the UDP and the managed-care dental plans. Before enrolling in a managed-care dental plan, it is important to answer the following questions:

- Is the dentist I have chosen accepting new patients? (Remember to identify yourself as a PEBB state of Washington employee.)
- Am I willing to travel for services if I select a dentist in another service area?

- Do I understand that all dental care is managed through my primary care dentist or network provider, and I cannot self-refer for specialty care?

If your answer to these questions is yes, you may want to consider enrolling in a managed-care dental plan.

For full coverage provisions, including a description of limitations and exclusions, refer to a PEBB certificate of coverage (available through the dental plans).

Please note: Benefits for emergency care received out of the plan's service area; missed appointment charges; and the number of exams, x-rays, cleanings, and other procedures allowed in a certain time period vary from plan to plan. Contact the plans directly for details. (Dental plan phone numbers are listed on page 16.)

If you are receiving continuous dental treatment (such as orthodontia) and are considering changing plans, contact the plans directly to find out how they cover your continuous dental treatment if you enroll in their plan.

More information on Washington Dental Service

Delta Dental is the parent company of Washington Dental Service (WDS). WDS administers several dental plans, including the Uniform Dental Plan (UDP) and DeltaCare. If you choose UDP or DeltaCare, be sure that you choose a WDS-contracting dentist who participates with your plan.

Dental Benefits Comparison

(For more details on benefits and exclusions, contact the plans.)

	Preferred provider organization: • Uniform Dental Plan	Managed-care dental plans: • DeltaCare • Regence BlueShield Columbia Dental Plan
Annual deductible	\$50 per person/\$150 per family, except for diagnostic and preventive	No deductible
Annual maximum	\$1,500 plan reimbursement per person; except as otherwise specified for orthodontia, nonsurgical TMJ, and orthognathic surgery	No general maximum
Dentures	50%, PPO and out of state; 40%, non-PPO (dental plan payment)	\$140 copay, complete upper; \$40 copay, complete reline (chairside)
Endodontics (root canals)	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	\$50 copay, anterior; \$125 copay, molar
Nonsurgical TMJ	70%; \$500 lifetime maximum (dental plan payment)	70%; \$500 lifetime maximum (dental plan payment)
Oral surgery	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	\$0 copay, extraction primary teeth Extraction erupted teeth: <i>DeltaCare</i> , \$10 copay, <i>Regence BlueShield Columbia Dental Plan</i> , \$0 copay
Orthodontia	50%; \$750 lifetime maximum (dental plan payment)	Maximum copay per case: <i>DeltaCare</i> , \$1,500; <i>Regence BlueShield Columbia Dental Plan</i> , \$1,200
Orthognathic surgery	70%; \$5,000 lifetime maximum (dental plan payment)	70%; \$5,000 lifetime maximum (dental plan payment)
Periodontic services	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	\$75 copay, gingivectomy or gingivoplasty per quadrant; \$100 copay, osseous surgery per quadrant
Preventive/diagnostic	100%, PPO; 90%, out of state; 80%, non-PPO (dental plan payment)	100% (dental plan payment)
Restorative crowns	50%, PPO and out of state; 40%, non-PPO (dental plan payment)	Porcelain to metal crown: <i>DeltaCare</i> , \$175 copay; <i>Regence BlueShield Columbia Dental Plan</i> , \$140 copay. Full cast metal crown: <i>DeltaCare</i> , \$150 copay; <i>Regence BlueShield Columbia Dental Plan</i> , \$140 copay
Restorative fillings	80%, PPO and out of state; 70%, non-PPO (dental plan payment)	Amalgam restorations (fillings), two surfaces: <i>DeltaCare</i> , \$10 copay; <i>Regence BlueShield Columbia Dental Plan</i> , \$0 copay

Contact the Plans

For benefit questions about a specific medical or dental plan, contact the plans listed below.

Medical Plans	Web site address	Customer service phone numbers
Community Health Plan of Washington	www.chpw.org	206-521-8830 or 1-800-440-1561 TTY/TDD 1-800-833-6388
Group Health Cooperative	www.ghc.org	206-901-4636 or 1-888-901-4636 TTY/TDD 711 or 1-800-833-6388
Group Health Options, Inc.	www.ghc.org	206-901-4636 or 1-888-901-4636 TTY/TDD 711 or 1-800-833-6388
Kaiser Foundation Health Plan of the Northwest	www.kp.org	1-800-813-2000 or Portland 503-813-2000 TTY/TDD 1-800-735-2900
PacifiCare of Washington, Inc.	www.pacificare.com	1-800-932-3004 TTY/TDD 1-800-786-7387
RegenceCare	www.wa.regence.com/pebb	1-800-376-7926 TTY/TDD 253-573-3260
Uniform Medical Plan PPO	www.ump.hca.wa.gov	425-670-3105 or 1-888-304-5103 TTY/TDD 1-888-923-5622
UMP Neighborhood	www.ump.hca.wa.gov	425-670-3105 or 1-888-304-5103 TTY/TDD 1-888-923-5622

Dental Plans	Web site address	Customer service phone numbers
DeltaCare, administered by Washington Dental Service	www.deltadentalwa.com/pebb.htm	1-800-650-1583
Regence BlueShield Columbia Dental Plan	www.wa.regence.com/pebb	1-800-376-7926
Uniform Dental Plan	www.deltadentalwa.com/pebb.htm	1-800-537-3406



If you want additional information about PEBB coverage or to update your account, call a benefits specialist toll-free at 1-800-200-1004, or visit our Web site at **www.pebb.hca.wa.gov**.

Public Employees Benefits Board (PEBB)

2004 Medical and Dental Coverage

- List all eligible family members and indicate their enrollment status on this form.
- Type or print clearly in black ink. Inaccurate, incomplete, or illegible information may delay coverage.

Are you making changes to an existing account? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of changes: (Check all that apply.)			
	<input type="checkbox"/> Name	<input type="checkbox"/> Address	<input type="checkbox"/> Medical plan	<input type="checkbox"/> Dental plan
	<input type="checkbox"/> Adding family member	<input type="checkbox"/> Re-enrollment	<input type="checkbox"/> Waiving coverage	<input type="checkbox"/> Termination

Section 1: Subscriber Information				
Social security number	Last name	First name	Middle initial	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address			Apt./unit number	
City	State	ZIP Code	County of residence	
Date of birth (mm/dd/yyyy)	Work phone number (including area code)	Home phone number (including area code)		
The medical plans marked with an asterisk* in Section 4 assign a physician or clinic code to their providers and require you to choose a primary care provider. Contact your plan or go to the Provider Directory on our Web site for code.			Physician name or clinic code	
Medical Coverage	<input type="checkbox"/> Enroll	<input type="checkbox"/> Waive: date effective _____	If waiving, see Section 6.	
Dental Coverage	<input type="checkbox"/> Enroll	(Dental may not be waived)	Note: You may not waive medical coverage for yourself and cover family members.	

Section 2: Spouse or Same-Sex Domestic Partner				
List your eligible spouse or same-sex domestic partner and indicate their enrollment status, even if you do not want coverage for them (see Section 6); they cannot be enrolled in any other PEBB coverage.				
Relationship to Subscriber		<input type="checkbox"/> Spouse: date of marriage _____		
If adding a spouse or partner, please attach a completed Declaration of Marriage/Same-Sex Domestic Partnership form.		<input type="checkbox"/> Same-sex domestic partner: date criteria met _____		
Social security number	Last name	First name	Middle initial	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address (if different from subscriber)		City	State	ZIP Code
Date of birth (mm/dd/yyyy)	Physician name or clinic code (contact plan for code)			
Medical Coverage	<input type="checkbox"/> Enroll	<input type="checkbox"/> Waive: date effective _____	If waiving, see Section 6.	
Dental Coverage	<input type="checkbox"/> Enroll	<input type="checkbox"/> Waive: date effective _____		
Terminate Medical & Dental Coverage		<input type="checkbox"/> Divorce/Dissolution of partnership: date of event _____		
		Please provide his/her new address _____		

		<input type="checkbox"/> Death: date of event _____		

Visit our Web site at www.pebb.hca.wa.gov



**Washington State
Health Care Authority**
Public Employees Benefits Board
HCA 50-400 (10/03)

Agency name	Agency/subagency	Ins. effective date	Hire date
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Section 3: Family Member Information (such as child, grandchild, etc.)

List all eligible family members and indicate their enrollment status, even if you do not want coverage for them (see Section 6); family members **cannot** be enrolled in any other PEBB coverage. **Use additional forms for more members.**

A	Relationship to subscriber	<input type="checkbox"/> Disabled? (Check only if age 20 or older.)	<input type="checkbox"/> Student? (Check only if age 20 or older.)	Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Social security number		Physician name or clinic code (contact your plan for code)			
Last name		First name		Middle initial	Date of birth (mm/dd/yyyy)
Address (if different from subscriber)		City		State	ZIP Code
Medical Coverage <input type="checkbox"/> Enroll <input type="checkbox"/> Waive: date effective _____ Dental Coverage <input type="checkbox"/> Enroll <input type="checkbox"/> Waive: date effective _____ <i>If waiving, see Section 6.</i>		<input type="checkbox"/> Terminate due to loss of eligibility Reason _____ Date effective _____			

B	Relationship to subscriber	<input type="checkbox"/> Disabled? (Check only if age 20 or older.)	<input type="checkbox"/> Student? (Check only if age 20 or older.)	Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Social security number		Physician name or clinic code (contact your plan for code)			
Last name		First name		Middle initial	Date of birth (mm/dd/yyyy)
Address (if different from subscriber)		City		State	ZIP Code
Medical Coverage <input type="checkbox"/> Enroll <input type="checkbox"/> Waive: date effective _____ Dental Coverage <input type="checkbox"/> Enroll <input type="checkbox"/> Waive: date effective _____ <i>If waiving, see Section 6.</i>		<input type="checkbox"/> Terminate due to loss of eligibility Reason _____ Date effective _____			

C	Relationship to subscriber	<input type="checkbox"/> Disabled? (Check only if age 20 or older.)	<input type="checkbox"/> Student? (Check only if age 20 or older.)	Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Social security number		Physician name or clinic code (contact your plan for code)			
Last name		First name		Middle initial	Date of birth (mm/dd/yyyy)
Address (if different from subscriber)		City		State	ZIP Code
Medical Coverage <input type="checkbox"/> Enroll <input type="checkbox"/> Waive: date effective _____ Dental Coverage <input type="checkbox"/> Enroll <input type="checkbox"/> Waive: date effective _____ <i>If waiving, see Section 6.</i>		<input type="checkbox"/> Terminate due to loss of eligibility Reason _____ Date effective _____			

Section 4: Medical Plan Selection (Check only one.)

- | | |
|---|--|
| <input type="checkbox"/> Community Health Plan of Washington | <input type="checkbox"/> PacifiCare of Washington, Inc.* |
| <input type="checkbox"/> Group Health Cooperative | <input type="checkbox"/> RegenceCare* |
| <input type="checkbox"/> Group Health Options, Inc. | <input type="checkbox"/> Uniform Medical Plan Preferred |
| <input type="checkbox"/> Kaiser Foundation Health Plan of the Northwest | Provider Organization |

These plans require the physician name or clinic code of your selected primary care provider. **Contact the plan for code or go online to www.pebb.hca.wa.gov for provider directories.*

Section 5: Dental Plan Selection (Check only one.)**Preferred Provider Organization**

- ☐ Uniform Dental Plan (Group #3000)
(may receive services from any provider)

Note: Delta Dental is the parent company of Washington Dental Service (WDS). WDS administers both the Uniform Dental Plan and DeltaCare.

Managed Care Plans

- ☐ DeltaCare (Group #3100)
Dentist name or clinic code _____
(must receive services from *DeltaCare provider*)
- ☐ Regence BlueShield Columbia Dental Plan
Clinic location _____
(must receive services from *Columbia Dental Group provider*)

Section 6: Signature (Required)

I declare that my family members and I are eligible for the coverage requested. I authorize my employer to deduct from my earnings any premium I am required to pay for the coverage I have selected. I understand that I may be subject to dismissal and/or repayment of any claims paid by my health plan or premiums paid by my employer if I have provided false, incomplete, or misleading information, or fail to update this information in accordance with eligibility guidelines. A deposit of premium does not guarantee coverage and will be refunded if I am determined by the Washington State Health Care Authority to be ineligible for coverage.

I declare that I or any family members who have chosen to waive medical/dental coverage, as indicated above, currently have other continuous, similar medical/dental insurance. I understand that proof of continuous, similar medical/dental coverage will be required to re-enroll family members in a PEBB plan outside of an open enrollment period. Application for re-enrollment must be made within 31 days of losing other coverage. This form supercedes all forms and submissions I have previously made for PEBB coverage.

Washington State law may require disclosure of any information I submit as public record. The Health Care Authority's Privacy Notice is available upon request by calling 360-923-2822 or online at www.hca.wa.gov.

Subscriber's signature _____ Date _____

Please sign and date this form. Return completed form to your personnel, payroll, or benefits office.



P.O. Box 42684

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